

August 1, 1986

Shipper 16447

State of California—Health and Welfare Agency

Department of Health Services  
Toxic Substances Control Division  
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Para Plate 3242 E. Olympic Blvd., Los Angeles, CA 90023		CAX0000036483			A. State Manifest Document Number 86534545	
4. Generator's Phone (213) 268-4281					B. State Generator's ID CAX000036483	
5. Transporter 1 Company Name Omega Recovery Services		6. US EPA ID Number CAD042245001			C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number			D. Transporter's Phone 213/698-0991	
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602		10. US EPA ID Number CAD042245001			E. State Transporter's ID	
					F. Transporter's Phone	
					G. State Facility's ID CAD042245001	
					H. Facility's Phone 213/698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. Waste ORM-A N.O.S. (Flexosolvent) NA 1693 ORM-A			No. Type 0 0 DM	9 G		211
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above Ro1			
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.						
Printed/Typed Name Preston R. Ledesma			Signature Preston R. Ledesma		Month Day Year 08/01/86	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature		Month Day Year	
Printed/Typed Name John HACTE			Signature		08/01/86	
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Month Day Year	
Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name STEVEN SIMPSON			Signature Steven Simpson		Month Day Year 08/01/86	

86534545